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BRITISH CARDIAC SOCIETY NEWSLETTER

The Council of the British Cardiac Society has endorsed the suggestion for a regular newsletter in the journal. This will appear monthly, or at least in most issues. We hope that members will write to the president or to any of the council about matters of special interest or concern; views will be publicised in the newsletters whenever it seems appropriate to do so. But more important, the newsletter will give the officers of the society an opportunity of keeping members informed of recent discussion and decisions. In these difficult days we will have no shortage of topics.

The council will continue to guide the society in all matter of importance, but the committee structure will be enlarged and strengthened. The Joint Training and Manpower Group that was set up last year will liaise closely with the Specialist Advisory Committee—and indeed will have some members in common. The Audit Committee is also already in existence. Both of these bodies have representation from the Cardiology Committee of the Royal College of Physicians of London. We will also have groups with responsibility for data management, for liaison with technicians, and for public relations. Others may follow as and when the need arises. We will give more details in the next newsletter.

The meeting in Torquay seemed to go well, and it proved a popular venue. We are confident that Glasgow and Harrogate will be equally successful. The question now is whether or not members wish to have some

meetings in London. We will be seeking your views.

Anxieties about staffing and training continue. We believe that the new proposals for training set out in the May issue of the journal and discussed at the business meeting in Torquay are important if we are to maintain standards that are comparable to the best in Europe. But at the time of writing we have not achieved final agreement with the Royal College of Physicians of London or with the Department of Health. In order to strengthen our case—especially with regard to registrars—we were asked by the college to provide up to date information on staffing levels at consultant and senior registrar level in time for a meeting of the Manpower Group in June. We accepted the importance of this, but it gave us a little over two weeks to conduct the 1990 biennial survey that was originally scheduled for July: previous surveys have taken up to a year for information to be completed. To compound our problem, the group at the University of Sussex who helped with previous surveys was not available on this occasion. Richard Vincent (now director of the Trafford Centre for Medical Research at the university) stepped into the breach, and together we had a fraught fortnight. We had a steep learning curve: we apologise to our many friends who may have felt harassed and who endured a number of procedural errors which would not have occurred were it not for the unseemly haste of the work. We are grateful for all the patient help that was given.

We must mention a small printers' error in the publication on the proposed pattern of future training that we failed to pick up at proof stage. The text referred to a period of three years after registration for general professional training: the table showed only two. The text, of course, was correct.

We have heard criticism that cardiologists have little enthusiasm for audit. We believe that we have led the field in this area. The pacemaker database was a pioneering effort, and the angioplasty register will be of comparable importance. Our own surveys of

staffing and facilities are a type of audit, and our specialty was the first to conduct these. Some of the working parties set up by the society had a major component of audit (for example that on "Cardiology in the District Hospital"). The Joint Audit Committee of the Cardiology Committee of the Royal College of Physicians and the Society is now actively pursuing new areas of interest. It will examine the management of acute coronary disease initially as a pilot study in five district hospitals; a register is being set up to document complications of angiography also in a few centres at first but with plans for early expansion; visits by consultants have been arranged between departments in two regions—early experience in parts of South East Thames have proved rewarding and popular. Perhaps we have not been making enough noise about our activities, and perhaps our newsletters about our activities will help to correct this.

DOUGLAS CHAMBERLAIN
President, British Cardiac Society

NOTICES

British Cardiac Society

The Annual Meeting will take place at the Scottish Exhibition Centre, Glasgow on 30 April to 3 May 1991.

Electricity and the heart

The 6th Einthoven Symposium will be held on 19 October 1990 in Leiden. The symposium, co-sponsored by the Netherlands Heart Foundation and the European Society for Cardiology, will be on electricity and the heart. Information from Mrs J Rust, Phia Berghoutlaan 21, 2343 PM Oegstgeest, The Netherlands. Telephone (+32) 71-17.35.53.